Consumer Council News

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Guides for consumer protection

CMHS with SAMHSA's Office of Managed Care released a new series of on-line guides. They are intended to educate consumers of mental health and substance abuse services about their health care protections. Each guide discusses why the particular protection is important and what issues should be addressed to protect that protection. Obtain these at www.samhsa.gov and click Managed Care Initiative.

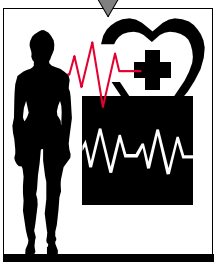
Newsletter sponsored by VA Mental Health Consumer Council
FAX comments to Lucia Freedman at 703-748-0475 or call 202-273-8370

Capacity Report 2000

The VHA Capacity Report for 2000 has reported several findings for mental health. Among the findings the following was concluded:

- Significant reduction in specialized capacity to treat substance abuse appears to have occurred between FY 1996 and FY 2000.
- Wide variation exists nationally among VISNs and within VISNs in the maintenance of specialized capacity.

Nationally, from FY 1996 to FY 2000, there was an 8% increase (to 290,819) in the number of individuals qualifying for the Seriously Mentally Ill (SMI) category accompanied by an 9% decrease (from $2.1 billion to $1.9 billion) in specialized costs for the care of SMI veterans. These dollars have not been adjusted for inflation so they are actually higher in real dollars today. Seventeen VISNs decreased spending for SMI, one as much as 66%, while five VISNs increased spending on specialized mental health. This reflects continuing, wide variation among VISNs. The Committee on Care of Severely Chronically Mentally Ill Veterans continues to be concerned about variations across networks and the reinvestment of resources into outpatient programs for a continuum of care for veterans with mental illness. The report indicates areas of concern in capacity and there is a real need to move forward toward actions to improve problem situations.



What was that Acronym?

Every agency has its share of acronyms or abbreviations for programs. It can be mystifying for anyone to figure out what is being said or written when you are not familiar with them. VHA Mental Health has a number of programs which are referred to by an acronym. As a helping hand here are some of them:

- PRRTP-Psychosocial Residential Rehabilitation Treatment Program
- SARRTP-Substance Abuse Residential Rehabilitation Treatment Program
- PRRP-A Post-traumatic Stress Disorder Residential Rehabilitation Program
- CWT-Compensated Work Therapy
- HCMI CWT/TR-A Homeless Chronically Mentally Ill Compensated Work Therapy transitional residence.
- MHICM-Mental Health Intensive Case Management
- HCHV-Health Care for Homeless Veterans

Then there are more generic acronyms which include:

- CBOC-Community Based Outpatient Clinic
- VBA-Veterans Benefits Administration
- VISN-Veteran Integrated Service Network

As confusing as acronyms are they help to quickly identify programs and shorten written and spoken communication.

Results of Screening for Depression in Primary Care

A recently published article in the Annals of Internal Medicine-The Cost-Utility of Screening for Depression in Primary Care evaluated the cost-utility of screening for depression compared with no screening.

Most patients with depression are treated in the general medical setting rather than the mental health setting, and depression is one of the most common disorders encountered by primary care providers. Primary care patients, however, who have depression do not receive a diagnosis or receive adequate treatment in 35% to 70% of the cases. The high prevalence of depression, the fact that it is treatable and the costs associated with the illness has made improved detection and management a priority for policymakers and health care agencies.

The study concluded that one-time screening is more cost-effective as this may identify patients who need the most care over time and do so without undue costs. In order to reduce physician time which is costly, it is recommended that depression screens should be short, computerized and administered by another health care professional. Screening is more effective if therapy for depression is in place. Comprehensive structured treatments have been reported to achieve full remission in 48% to 59% of patients. Few health care systems have implemented structured depression treatments which would be needed to make screening valuable.

The implications for this study for the Department of Veterans Affairs that requires annual screening for depression inits primary care clinics is to incorporate a structured treatment program for depression for those veteran identified to have depression. The study recommends improving the quality of depression treatment in primary care clinics before implementing screening.

*Valenstein M, Sandeep V, Zeber J, Boehm K, Buttar A, The Cost-Utility of Screening for Depression in Primary Care, Annals of Internal Medicine. 2001;134 345-360.

Farewell To Dick Wannemacher, Jr

Dick Wannemacher has a new position as the Associate National Legislative Director of Government Affairs at VHA. He has been a vital part of the National Mental Health Consumer Council representing the Disabled Veterans of America. Dick was not only advocating for veterans but reaching out to other members of the Consumer Council such as the National Alliance for the Mentally Ill and the National Mental Health Association. He participated in their annual meetings and brought information relevant about veterans to them.

As a strong veteran advocate he will be a great addition to VHA.

We welcome Joy Ilem from the DAV and look forward to her expertise with veteran issues. Veteran Service Organizations are an essential part of the mental health consumer council.

Coalition on Mental Health and Aging

A promising practices Workshop was held in April 2001 sponsored by AARP & SAMHSA. A initiative to start state mental health and aging coalitions was started about 3 years ago and this workshop was to gather input from leaders from around the country about their experiences building mental health and aging coalitions. Specifically, the objectives were to :

- Identify key factors to success of coalitions
- Identify limitations and challenges
- Identify the impact of expanding coalitions beyond mental health(ie:substance abuse , Primary Care)
- Provide an opportunity for coalition leadership to share experiences and to learn from each other.

The AARP Foundation will produce a promising practices manual and make recommendations for future coalition building activities.

Information and Resources

June 6-9, 2001
National Mental Health Association Conference
Hyatt Regency(Capitol Hill) Washington, D.C.
Contact:Diana Looney (703)838-7504/or
dlooney@nmha.org

NAMI 2001 Annual Convention
July 11-15, 2001
Washington, D.C. Call -703-524-7600

August 17-19, 2001
National Depressive Manic Depressive Association
2001 Annual Meeting
Cleveland, OH
800-826-3632 (ex:157) or www.ndmda.org

August 23-26, 2001
Alternatives 2001
Phildadelphia, PA Call 800-553-4539